

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix: Mrs.	First Name: Kathy	Middle Name:
	Last Name: Strange	Suffix:	
Title:	Air Quality Programs Director		
Complete Address:			
Street1:	1904 Third Ave, Suite 105		
Street2:			
City:	Seattle	State:	WA: Washington
Zip / Postal Code:	98101	Country:	USA: UNITED STATES
Phone Number:	206-689-4095	Fax Number:	
E-mail Address:	kathys@psccleanair.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mrs.	First Name: Karen	Middle Name:
	Last Name: Houser	Suffix:	
Title:	Finance & Purchasing Manager		
Complete Address:			
Street1:	1904 Third Ave, Suite 105		
Street2:			
City:	Seattle	State:	WA: Washington
Zip / Postal Code:	98101	Country:	USA: UNITED STATES
Phone Number:	206-689-4036	Fax Number:	
E-mail Address:	karenh@psccleanair.gov		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix: Mrs.	First Name: Karen	Middle Name:
	Last Name: Houser	Suffix:	
Title:	Finance & Purchasing Manager		
Complete Address:			
Street1:	1904 Third Ave, Suite 105		
Street2:			
City:	Seattle	State:	WA: Washington
Zip / Postal Code:	98101	Country:	USA: UNITED STATES
Phone Number:	206-689-4036	Fax Number:	
E-mail Address:	karenh@psccleanair.gov		

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:

Complete Address:

Street1:
Street2:
City: State:
Zip / Postal Code: Country:
Phone Number: **Fax Number:**
E-mail Address: